



## APPLICATION FOR RECORDS RETENTION SCHEDULE

Georgia Department of Labor  
Employment Security Agency  
Administrative Services Division  
Records Management and Controls

INSTRUCTIONS: The Records Management Officer of the Agency's Records Management and Controls Unit will be of assistance in completing this form. After Division Director/Designee has signed the form, forward original to Administrative Services Division, Records Management and Controls, 130 Memorial Drive, S. W., Atlanta, Georgia 30303. Attention: Records Management Officer

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Georgia Department of Labor Unemployment Compensation Division Unemployment Compensation Technical Staff 254 Washington St, Atlanta, Ga 30334	Application Number <b>81-442</b>	Date Received NOV 24 1981
Application Number		Date Completed DEC 16 1981	
2. Person to Contact Yvonne Bankston		Working Title Operations Analyst	Telephone Number 656-3070
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1979	Latest current	5. Records Series Title (followed by title used in office; if different) Unemployment Insurance Benefit Taxation Report	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Unemployment Compensation or Unemployment Insurance Service plans and directs the determination of employer liability, collection of wage and tax reports, and the processing of claims in accordance with the Georgia Employment Security Act and the federal unemployment compensation program.  The UI technical staff provide program planning, evaluation and improvement recommendations based on budget and staffing projections from wage and tax estimates.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: This report is a summary of persons receiving unemployment insurance during the calendar year based upon form 1099-UC which is analogous to the W-2 form for the IRS. The report on magnetic tape is given to the IRS Included are: Magnetic tape: IRS Magnetic tape in the EDP Division: Security negative microfiche Duplicate use microfiche copies 1099-UC forms, paper copy, returned from recipients to DOL Revised 1099-UC's, corrected copy generated after creation of microfiche from tape  File is arranged: by social security number of recipient; corrected and revised 1099-UC copies are arranged alphabetically due to their small volume			
8. Monthly Reference Rate One to six months old <u>100</u> ; Seven to twelve months old <u>1</u> ; Thirteen to twenty-four months old <u>.01</u> ; twenty-five months and older <u>.01</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers <u>5</u> ; Shelves _____; Other (specify) _____			

(Over)

ESA-144 (3/80)  
(AR-50-71)

YES	NO	10. Questionnaire (Place an "X" in the proper column)
✓		a. Is this the official copy of the series? If not, where is it?
✓		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
✓		c. Is this a vital record?
	✓	d. Does this series have historical or long term research value?
	✓	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	✓	f. Is the information contained in this series ever published? If yes, attach copy.
	✓	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	✓	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
✓		i. Is this series (or a major portion of it) regularly microfilmed?
✓		j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |              |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need            | _____ years. |
| c. Federal Law           | _____ years. | f. Federal retention instructions | 7 years.     |

Attach copy or excerpt of laws or regulations. Explain administrative need.

IRS Code: Sec 65-11, Limitations on Credit Refund; Sec. 65-01,02, Assessment and Collections

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then.

- ☒ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then SEE INDIVIDUAL SCHEDULES
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

RECORD COPY: Security negative microfiche: cut off at calendar year, send to Records Center, retain 7 years, destroy.

Duplicate use microfiche copies: cut off at calendar year, retain 3 years, destroy in-office.

Magnetic tape copy in EDP Division: retain until compilation of next microfiche run, respool.

1099-UC forms, returned to DOL from recipient: destroy on receipt

Revised or Corrected 1099-UC forms: cut off at calendar year, retain 1 year in office, transfer to State Records Center, retain 6 years, then destroy.

Utility print-outs: retain at discretion.

These instructions apply to all prior and future accumulations of the series.

Division Director/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>William B. Johnson</i>	11/18/81	<i>William B. Johnson</i>	11-12-81
ESA Director (Signature)	Date	State Records Committee (Signature)	Date
<i>Walter Brown</i>		<i>Walter Brown</i>	11/11/81
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee	Secretary of State/Designee	Attorney General/Designee
	<i>Walter Brown</i>	<i>Carole Hart</i>	<i>Walter Brown</i>